2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J98719

Title:

Name:

Address:

City-St-Zip:

Entity Name: SUNRISE LANDSCAPE SUPPLY INC

FILED Feb 05, 2004 Secretary of State

		2 27 1 1 DOO7 11 2 OO1 1 2 1, 11 10.			
Current P	rincipal Plac	e of Business:	New Principal Plac	New Principal Place of Business:	
8188 N ORANGE BLOSSOM TRAIL PO BOX 547008 ORLANDO, FL 328544008			8188 N ORANGE BL ORLANDO, FL 328		
Current Mailing Address:			New Mailing Address:		
PO BOX 940457 MAITLAND, FL 32794 US		PO BOX 940457 MAITLAND, FL 327940457 US			
FEI Number:	59-2868252	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
512 E. WA	RD, CARTER SHINGTON S D, FL 32801				
	named entity e of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agen			ent	Date	
Election Car	npaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CATLEDGE, V	GE BLOSSOM TRAIL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPT (EVANS, LARR 4227 YORKET ORLANDO, FL	OWN RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (KELLY, BRIAN 1755 LYDALE MAITLAND, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: WAYNE CATLEDGE P 02/05/2004

() Delete

BRUCE, ROBERT T

OVIEDO, FL 32765

1090 KELLY CREEK CIR

() Change () Addition